

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

14/069558

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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TC 15 15 15
CL 25 15 30

J J J
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BEST AVAILABLE COPY